



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

March 16, 2007

Marcella Heil, Administrator  
Wildwood Assisted Living  
380 1st Avenue East  
Wendell, ID 83355

License #: RC-836

Dear Ms. Heil:

On February 9, 2007, a life safety code survey was conducted at Wildwood Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,



CHRIS LAUMANN

Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

CL/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER, Governor  
RICHARD M. ARMSTRONG - Director

DEBBY RANSOM, R.N., R.H.I.T. - Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

February 16, 2007

Marcella Heil, Administrator  
Wildwood Assisted Living  
380 1st Avenue East  
Wendell, ID 83355

Dear Ms. Heil:

On February 9, 2007, a life safety code survey was conducted at Wildwood Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 11, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Grimes", with a long, sweeping horizontal line extending to the right.

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R836</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 1</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/09/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILDWOOD ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 1ST AVENUE EAST WENDELL, ID 83355</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 9, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6599

611H21

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Wildwood Assisted Living</i>	Physical Address <i>380 1st Ave E.</i>	Phone Number <i>(208) 336-5544</i>
Administrator <i>Marcella Heil</i>	City <i>Wentz, ID</i>	ZIP Code <i>83355</i>
Survey Team Leader <i>Chris Laumann</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>2/19/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1.	415.02.	Fuel fire Heating. No documentation could be found certifying the gas furnaces and gas fired water heaters had been serviced within the last year.		
2.	415.05	The Automatic Fire Extinguishing System had not been inspected, serviced, and tested within the last year.		
3	415.04.	The Fire Alarm Smoke detection System had not been serviced and inspected within the last year.		
4	410.01	No documentation of fire drills could be found documenting drills through the months of January, March, April, May, June, July, August, September and December.		

Response Required Date <i>3/9/07</i>	Signature of Facility Representative <i>Marcella Heil</i>	Date Signed <i>02-09-07</i>
---	--	--------------------------------